Medication Authorizations



I authorize Kids at Work to apply the following over the counter medications to my child. I understand that I must supply and label the items checked below.

Teething medication	s		
Spray sunscreen (Ple plication).	ase apply the morning application,	we will apply the afternoor	า
- ,			
Claid de Name	Devent Cinceture	Data	
Child's Name	Parent Signature	Date	

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Thy child. Tullderstand that this	ust supply and label the it	ems checked below.	
Diaper ointment Teething medications			
Spray sunscreen (Please a application).	pply the morning applicat	ion, we will apply the afternoon	
Child's Name	Parent Signature	Date	